



2006-2007 Heating Season (Federal Fiscal Year 2007)  
HOME ENERGY PLUS SHORT APPLICATION FORM

**PLEASE PRINT**

**(shaded areas for local agency only)**

|  |                |                      |
|--|----------------|----------------------|
| NAME OF COUNTY _____   |                | Mail Application to: |
| DATE OF APPLICATION _____  |                |                      |
| WORKER NUMBER:   |                |                      |
| First Name   | Middle Initial | Last Name            |
| Social Security Number   |                | Phone Number         |
| <b>APARTMENT INFO: How many apartments are in your building?</b> _____   |                |                      |
| Do you live at the same address where you applied last year? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, provide your new address: |                |                      |
| Street Address _____ PO Box _____ City _____ WI Zip _____  |                |                      |

| Heating:  | ENERGY BURDEN INFORMATION | Electric:   |
|---|---------------------------|---|
| <b>My primary heating source is:</b> (circle one): Fuel Oil<br>Natural Gas Propane Electric Heat Wood Other   |                           | <b>IF ELECTRIC IS ALREADY ENTERED AS PRIMARY HEAT - SKIP THIS SECTION</b>   |
| <b>How do you pay your bill?</b> (check one)<br><input type="checkbox"/> Directly pay the bill sent from the fuel supplier<br><input type="checkbox"/> Rental payment includes fuel in the monthly rent payment<br><input type="checkbox"/> Separate payment is made to the landlord, mobile home park owner, ESCO or heats with wood.<br><input type="checkbox"/> All household heating bills for the previous month were paid in full by a government program.<br>My heating company is: _____<br>Vendor Number _____<br>Account Name _____<br>Account # _____<br>Fuel Costs _____ Cost Basis _____ |                           | <b>How do you pay your bill?</b> (check one)<br><input type="checkbox"/> Directly pay the bill sent from the fuel supplier<br><input type="checkbox"/> Rental payment includes fuel in the monthly rent payment<br><input type="checkbox"/> Separate payment is made to the landlord, mobile home park owner, or ESCO.<br><input type="checkbox"/> All household electric bills for the previous month were paid in full by a government program.<br>My Electric company is: _____<br>Vendor Number _____<br>Account Name _____<br>Account # _____<br>Electric Costs _____ Cost Basis _____ |

|  |          |              |
|--|----------|--------------|
| You must provide how the water is heated in your home: (circle one)  |          |              |
| Natural Gas  | Electric | Propane (LP) |
| If your heat or electric is paid to a landlord or a separate payment is made to another party - provide the landlord information below:  |          |              |
| Landlord Name _____ Landlord Phone _____   |          |              |
| Address _____ City _____ State _____ Zip _____   |          |              |
| <b>Do you live in government assisted housing or receive rental assistance?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No |          |              |

REPORT **ALL** HOUSEHOLD MEMBERS AND THEIR PREVIOUS THREE MONTHS MONTHLY INCOME TO DETERMINE TOTAL HOUSEHOLD INCOME. Report monthly SSI, SS, dividends/interest, pensions, veterans benefits and/or **Sub-housing Utility Allowance** **Include applicant listed on page 1.**

| Name:  | Income Type | Month 1 | Month 2 | Month 3 | Verification         | CE |
|--|-------------|---------|---------|---------|----------------------|----|
| SSN:   |             |         |         |         |                      | Y  |
| Date of Birth: Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No |             |         |         |         |                      | N  |
| Name:  |             |         |         |         |                      | Y  |
| SSN:   |             |         |         |         |                      | N  |
| Date of Birth: Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No |             |         |         |         |                      |    |
| Name:  |             |         |         |         |                      | Y  |
| SSN:   |             |         |         |         |                      | N  |
| Date of Birth: Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No |             |         |         |         |                      |    |
| Case Comments:   |             |         |         |         | 3-month income total |    |

I certify that the information on this application and all information given in connection with this application are true and complete statements of facts. I have read the client certification page and understand and agree to all ten statements.

I understand that by signing this application, I am authorizing the Home Energy Plus agency and the Department of Administration (DOA) to obtain employment and/or income verification if necessary. I give permission to my heating and electric supplier(s) to provide details about my account and energy use to the Home Energy Plus agency. I authorize the Home Energy Plus agency and the DOA to be able to obtain information concerning:

- My home energy use and billing,
- Housing information from subsidized housing offices or a landlord,
- Income verification.

I understand that I may be required to provide proof of any information on this application and that giving false information will invalidate this application, require the return of any benefits received and possibly subject me to prosecution for fraud. Collection of your Social Security number is not prohibited by federal law and is a required data element for tracking application benefits granted by this program. Failure to provide this information will result in delayed processing of your applicant and inability to determine benefit amounts.

**Return the application form to the address listed on the other side, keep the Client Certification for your files.**

**Applicant Signature X** \_\_\_\_\_ **Date** \_\_\_\_\_

**Agency Worker Signature** \_\_\_\_\_ **Date** \_\_\_\_\_